
ASAP

AUTOMATED STANDARD APPLICATION FOR PAYMENTS

ENROLLMENT

HANDBOOK

FOR

**PAYMENT REQUESTOR/RECIPIENT
ORGANIZATION**

TABLE OF CONTENTS

- 1. Introduction**
- 2. Enrollment Procedures**
- 3. Equipment Specifications**
- 4. Internal Controls/Security Guidelines**
- 5. User Support**

1.0 Introduction

The purpose of this handbook is to give users of the Automated Standard Application for Payments (ASAP) system the information needed to begin using the system. ASAP is a recipient-initiated payment and information system, designed to provide a single point of contact for the request and delivery of Federal funds. ASAP was developed by the Financial Management Service (FMS) of the U.S. Treasury and the Federal Reserve Bank (FRB) of Richmond.

1.1 The objectives of ASAP are to provide:

a standard, centralized, electronic application for recipient-initiated payment services for all Federal programs; and

timely delivery of Federal funds to coincide with the outlays of recipient organizations to meet program needs.

1.2 User Groups

Users of ASAP are Federal Agencies, Recipient Organizations, Payment Requestors, and Auxiliary Users.

Federal Agencies

Federal Agencies provide funds to Recipient Organizations for various Federal programs.

Federal Agencies use on-line or batch processes to establish accounts in the ASAP system for Recipient Organizations. Once an account is established, the Agency can use on-line or batch processes to increase or decrease spending authorizations for the account.

Recipient Organizations

Recipient Organizations are the beneficiaries of Federal funds from specific Federal programs. In some instances a Recipient Organization has the authority to initiate payment requests, in which case it is considered a **Payment Requestor** as well as a Recipient Organization within ASAP. In other instances only a separate Payment Requestor, such as the State Treasurer or Comptroller, has the authority to draw down Federal funds for a Recipient Organization. ASAP distinguishes between the roles of Recipient Organizations and Payment Requestors because each role requires a different set of system capabilities.

Within ASAP, Recipient Organizations can inquire on various data related to their own accounts, such as available balances, authorization activity and payment requests made on their behalf.

Payment Requestors

Payment Requestors are entities authorized to request funds for designated Recipient Organizations. They may or may not also be Recipient Organizations.

Payment Requestors use an on-line process to request payments within the authorized account balances from accounts set up by the Federal Agencies.

Payment Requestors can elect to receive same-day payments within minutes via Fedwire or next-day payments via Automated Clearing House (ACH). ACH payments may be either next day or up to 32 days from the request date (payment warehousing). They will receive timely notification of approval/rejection for all on-line payment requests.

Auxiliary Users

Auxiliary users include State Officials not directly involved in making payment requests and certain Federal Agency Department and/or Bureau officials not directly involved in establishing accounts and authorizations.

State Auxiliary users can make inquiries on the profile information and activity of all Payment Requestors and Recipient Organizations within their purview. Federal Agency Auxiliary users can make inquiries on the profiles and activity of offices within their Departments or Bureaus.

1.3 Hours of Operation

All hours of operation are Eastern Time, and refer to regular business days (excluding Saturdays, Sundays and Federal Reserve Bank holidays).

For on-line transactions:

<u>Transaction</u>	<u>Hours of Operation</u>
Account/Authorization	8:00 a.m. - 9:00 p.m.
Payment Requests - ACH	8:00 a.m. - 11:59 p.m.
Payment Requests - Fedwire	8:00 a.m. - 5:45 p.m.
Inquiry	8:00 a.m. - 11:59 p.m.

For batch processing:

<u>Transaction</u>	<u>Hours of Operation</u>
Account/Authorization	24 hours a day

2.0 Enrollment Procedures

ASAP is designed for a one-time enrollment process, which means a Payment Requestor/Recipient Organization enrolls **once**, regardless of how many Federal Agencies or programs that Requestor/Recipient deals with.

At a high level, the enrollment forms and enrollment process for Payment Requestors/Recipient Organizations are as follows:

FMS Form 2958A - Delegation of Authority (ASAP) - the Head of the Organization (who has top management responsibility within the organization) and who has authority over those who request funds through ASAP completes this form and "self-delegates" on the form. This establishes the organization's authority to use ASAP, and allows the Head of Organization to designate Authorizing Officials and/or Financial Officials for ASAP.

Letter of Designation - supports the FMS 2958A (self-delegation) form.

FMS Form 210A - Designation for ASAP Authorizing Official and Financial Official - this form is used to designate an Authorizing Official who will be responsible for approving individuals for access, for verifying the information on the ASAP Organization Enrollment and User ID Request form and for signing that form.

This form is also used to designate a Financial Official who will be responsible for verifying the information on the Payment Requestor Bank Information form and for signing that form.

ASAP Organization Enrollment and User ID Request Form for Payment Requestors and Recipient Organizations - the Payment Requestor/Recipient Organization provides information about the organization, which, together with the organization's banking information, will be used to establish a profile(s) in ASAP. This form is also used to specify the version of IBM Passport software the organization will use, and to request user IDs for individuals at the organization who need access to ASAP.

ASAP Payment Requestor Bank Information Form - the Payment Requestor provides information on the financial institution and account to which ASAP payments are to be directed.

2.1 ASAP Enrollment Forms

This section contains the instructions for filling out the ASAP enrollment forms and samples of each of the forms.

Before you begin filling out the enrollment forms, make extra copies of the ASAP Organization Enrollment and User ID Request form and the ASAP Bank Information Form, so that you will have a supply on hand to request additional user IDs or to update information on your organization in the future. For additional copies of the multi-part forms 2958A and 210A forms, contact your servicing Regional Financial Center (RFC).

Form Name: FMS Form 2958A - Delegation of Authority (ASAP)

Purpose of Form: To establish the name and title of the individual that is the Head of the Organization, or their designated official and to obtain signature samples from that individual. If the Head of the Organization wishes to redelegate their authority to another individual, another 2958A would be required. Completion of FMS 2958A gives the individual the authority to designate Authorizing Officials and/or Financial Officials on FMS 210A.

How to Fill Out the Form:

Upper right hand corner - fill in the date.

Section I: Delegation and Redefinition

-- mark the box for "Designate ASAP Authorizing Official (AO)" and/or "ASAP Financial Official (FO)", as applicable, and indicate whether this authority may or may not be redelegated. Also mark the box for Original Delegation.

Section II: Designee

-- provide the name of the designee, title, FULL organization name, effective date of the delegation and telephone number of the person that is the head of your organization.

Section III: Signature Samples of Designee

-- have the person delegated as the Head of Organization or their designee sign all four signature blocks in **black non-erasable ink**.

Section IV: Delegator Signature

-- the Head of Organization signs the signature block in **black non-erasable ink**. (In other words, in the case of a self-delegation, the person named in Section II signs his/her own form--if authority has been redelegated to another individual, the person who submits a self-delegation will sign the designee's form in this section). Type or print the person's name who self delegated, their title and the FULL organization's name to the right of the signature block.

Section V: Revocation

--leave blank

Section VI: Return Address of Delegator

-- provide the return address and telephone number of the person named in Section IV.

Requirement:	Letter of Designation
Purpose of Letter:	An independent verification that the Head of the Organization does hold the position in the organization that is documented on the FMS Form 2958A.
How to Prepare Letter:	<p>Must be prepared on organization's official letterhead.</p> <p>Indicate date, name, title/position, and telephone number of Head of Organization.</p> <p>Must be signed by the Head of Organization</p>

**** E X A M P L E B E L O W ****

Organization's Letterhead

(Date)

I acknowledge that I am the Head of the Organization as documented on enclosed FMS Form 2958A, Delegation of Authority (ASAP).

(Name)

(Title/Position)

(Telephone Number)

Signature of Head of Organization

Form Name: FMS 210A - Designation For ASAP Authorizing Official and Financial Official

Purpose of the Form: To designate an Authorizing Official that will sign the ASAP Organization and User ID Request Form for Payment Requestors and Recipient Organizations and/or the Financial Official that will sign the ASAP Payment Requestor Bank Information Form.

How to Fill Out the Form:

Upper right hand corner - fill in the date.

Section I: Designation and Redesignation

-- the blank lines for "List Each PR and/or RO ID the AO and/or FO is Authorized to Certify For" should be left blank. Mark the box for Original Designation. Mark the box for "ASAP Authorizing Official (AO)" to designate the individual that will have the authority to sign the ASAP Organization Enrollment and User ID Request Form; and/or mark the box for "ASAP Financial Official (FO)" to designate the individual that will have the authority to sign the ASAP Payment Requestor Bank Information Form.

NOTE: Check both boxes if the same individual will be performing both duties, acting as Authorizing Official and Financial Official.

Section II: Designee

-- provide the name of designee, title, FULL organization name, effective date and telephone number of the person being designated as an Authorizing Official in your organization who has management responsibility over the drawdown of Federal funds; and/or Financial Official in your organization who has the authority to verify the information on the Bank Information Form and sign that form on behalf of the organization.

Section III: Signature Samples of Designee

-- have the person named in Section II sign all four blocks in **black non-erasable ink**.

Section IV: Designator Signature

-- the head of the organization (or another individual with a 2958A - Delegation of Authority (ASAP) with the authority to designate Authorizing Officials and/or Financial Officials) signs the block in **black non-erasable ink**. Type or print that person's name, title and FULL organization name to the right of the signature block.

Section V: Revocation

--leave blank

Section VI: Return Address of Designator

-- the return address and telephone number of the person named in Section IV.

Section VII: Servicing ASAP RFC

-- mark the box for your servicing RFC. The servicing RFC boundaries are determined by what time zone the capitol of the state in which the Payment Requestor/Recipient Organization is located. If the capitol of the state is located in the Eastern time zone, or if you are located in Puerto Rico or the Virgin Islands, mark the box for Philadelphia; if the capitol of the state is located in the Central time zone, mark the box for Kansas City; if the capitol of the state is located in the Mountain or Pacific time zones, or time zones further west, mark the box for San Francisco.

Form Name: ASAP Organization Enrollment and User ID Request Form for Payment Requestors and Recipient Organizations

Purpose of the Form: To provide information that will be used to establish a Payment Requestor and/or Recipient Organization profile in ASAP, to request IBM Passport software and to request User IDs for individuals at your organization.

How to Fill Out the Form:

Section I: Organization Information

--Organization Type:

If your organization administers Federal programs AND you do your own drawdowns, mark the box for "Payment Requestor AND Recipient Organization".

Note: If your organization does drawdowns on behalf of other organizations and the organization does not wish to have Inquiry access to ASAP, fill out an ASAP Organization Enrollment and User ID Request Form for your organization with the "Payment Requestor ONLY" box marked. You will need to submit an ASAP Organization Enrollment and User ID Request Form for each organization for whom you draw Federal funds. On these forms, you would indicate information about those organizations and mark the box for "Recipient Organization ONLY".

--Operating System:

Indicate the operating platform from which you will operate the IBM Passport software to access ASAP. Please mark only one box.

--Provide your organization's name, street address and mailing address.

--Provide an organization short name (up to 10 characters, alpha and/or numeric) - this information will be part of the remittance information provided in the text of Fedwire payments and in the addenda record of ACH payments.

--DUNS Number + 4 - A DUNS number is a universal identifier assigned by Dun and Bradstreet to uniquely identify organizations involved with electronic commerce. If your organization has a DUNS number, please provide that number here. If your organization does not have a DUNS number, leave this space blank.

--Employer Identification Number (EIN) - An EIN is a nine-digit number used by your organization for tax reporting. Please provide your organization's primary EIN.

--Provide primary and secondary contact names, and their phone numbers, fax numbers and an Internet e-mail address (if they have one) - the contacts should be individuals who will work with the ASAP system on a regular basis.

Section II: Individual User Information

--in the Name column, mark the box for Add, and provide the first name, middle initial and last name of individual(s) for whom User IDs are being requested.

--provide the individual's telephone number in the Telephone Number column

--indicate an A in the appropriate column(s) to indicate the level of access the individual should have - either Payment Request or Inquiry Only.

--in the Signature and Date column, have the individual for whom the ID is being requested sign and date.

Section III: Authorizing Official's Signature

-- signature, name, title, and telephone number of the Authorizing Official as established on an FMS 210A
- Designation for ASAP Authorizing Official and Financial Official. Also provide the date.

Form Name: ASAP Payment Requestor Bank Information Form

Purpose of the Form: To specify the financial institution and account number to which ASAP payments are to be directed.

Who Should Fill Out

This Form: This form may be filled out by either the Payment Requestor organization, or by the Treasurer's/Comptroller's office that is responsible for your organization's banking relationships. In either case, the form must be signed by both an official of the financial institution and by the ASAP Financial Official, as established on an FMS 210A.

How to Fill Out the Form:

Section I: Payment Requestor Organization Information

-- same as Section I on the Organization Enrollment form.

-- answer the question if your organization has multiple banking relationships and indicate if the information on the form is your first, second, third or fourth bank relationship.

Note: New Organizations enrolling in ASAP do not need to answer the question concerning an addition or change to your banking relationships.

Section II: Financial Institution Information

You may want your financial institution or your Treasurer's/Comptroller's office to fill out this section.

**** IMPORTANT ****

The ABA, ACCOUNT NUMBER AND ACCOUNT TITLE must be accurate in Section II. The form can be typed or handwritten, but not a combination of both. If there is any discrepancy on this form, a new ASAP Bank Information Form must be submitted.

--Indicate the name and address of your financial institution.

--If you will be requesting any ACH payments (next day payments), you must complete the ACH Account Information section. Indicate the title of the account, whether the account is a demand (checking) or savings account, and your financial institution's ABA and your Account Number. Also provide the name, phone number and fax number of the **ACH coordinator at the bank**, with whom your account number and account title can be confirmed.

--If you will be requesting any Fedwire payments (same-day payments), you must complete the Fedwire Account Information section. Indicate the title of the account, your financial institution's ABA and your Account Number. Also provide the name, phone number and fax number of the **Fedwire coordinator at the bank**, with whom your account number and account title can be confirmed.

-- if further credit is to be made to another financial institution, indicate that ABA on the line provided.

Note:

- you can use one form to indicate different accounts at the same financial institution to which your Fedwire and ACH payments are to be directed. If your ACH payments go to one financial institution, and your Fedwire payments to another, you must submit two ASAP Payment Requestor Bank Information Forms - one for each financial institution to which payments are to be directed.

Section III: Approval By Financial Institution Official

--this section must contain the signature, name, title, and telephone number of an official **from the financial institution**.

Section IV: Approval by Financial Official

-- ***this form may not be signed by an Authorizing Official as established on an FMS 210A.***

-- **this form *must be approved by the designated Financial Official*** responsible for verifying your banking information, as established on an FMS 210A - "Designation for ASAP Authorizing Official and Financial Official". Please have this official (Treasurer, Comptroller, or other Financial Official) complete Section IV.

2.2 Submitting Completed Forms

Please retain the pink copy of all completed FMS 2958A and 210A forms and forward all other copies along with completed enrollment forms and letter of designation to your servicing RFC. The servicing RFC boundaries are determined by what time zone the capitol of the state in which the Payment Requestor/Recipient Organization is located.

If the capitol of the state in which you are located is in the **Eastern** Time Zone or the organization is located in Puerto Rico or the Virgin Islands, submit your forms to:

Mailing Address:

Financial Management Service
Philadelphia Financial Center
Attn: ASAP Customer Support Staff
P.O. Box 8676
Philadelphia, PA 19101-8676

Questions regarding the completion of the enrollment forms can be directed to ASAP Customer Support at (215) 516-8021.

If the capitol of the state in which you are located is in the **Central** Time Zone, submit your forms to:

Mailing Address:

Financial Management Service
Kansas City Financial Center
Attn: ASAP Customer Support Staff
P.O. Box 12599-0599
Kansas City, MO 64116-0599

Questions regarding the completion of the enrollment forms can be directed to ASAP Customer Support at (816) 414-2103.

If the capitol of the state in which you are located is in the **Mountain or Pacific Time Zones, or time zones further west**, submit your forms to:

Mailing Address:

Financial Management Service
San Francisco Financial Center
Attn: ASAP Customer Support Staff
P.O. Box 193858
San Francisco, CA 94119-3858

Questions regarding the completion of the enrollment forms can be directed to ASAP Customer Support at (415) 817-7182.

Contact your servicing Regional Financial Center if you need their street address.

2.3 What the Payment Requestor/Recipient Organization will receive

Forms are processed by the servicing RFC and the FRB. Once the process is completed, the following will be sent to the primary contact person indicated on the ASAP Organization Enrollment and User ID Request Form for Payment Requestors and Recipient Organizations:

ASAP IDs and Organization Access Codes (OACs).

IBM Passport software, including installation instructions and initial logon procedures, and license agreement.

ASAP Guide for Payment Requestors with test data.

Listing of Federal Agency Location Codes

Finally, the FRB will telephone each individual who requested system access and provide them with their User ID and temporary password.

The items mentioned above should arrive within 20 working days after the servicing RFC receives the completed forms. If any item is not received timely, call the servicing RFC to whom you submitted your enrollment forms.

3.0 Equipment Specifications

Users connect to the ASAP system using personal computers (PCs), using Passport communications software to connect with the IBM network. Equipment requirements are listed below:

PERSONAL COMPUTER

Memory	4 MB RAM
--------	----------

Hard Drive Space	2 MB free
------------------	-----------

MODEM

Hayes or Hayes compatible asynchronous

Transmission Speed	1200-56K bps
--------------------	--------------

SOFTWARE

Operating System	DOS 3.3 or higher, Windows 3.1 or higher, or OS/2 (Passport is compatible with Windows 95)
------------------	---

Communications	IBM Passport software, supplied by the RFC
----------------	--

4.0 Internal Controls/Security Guidelines

ASAP is a system that handles information relating to the disbursement of Federal funds; therefore, it is essential for all users to have proper internal controls and follow a basic security program.

4.1 Security

Payment Requestors and Recipient Organizations connect to the ASAP system via the IBM network. Between the network and the ASAP system, data is encrypted. Encryption ensures the privacy of data as it is sent from the user to the ASAP system.

Additionally, an ASAP ID, OAC, User ID and password are necessary to access ASAP. The User ID and password provide security by segregating which users may access which function. The ASAP ID and OAC control what data an organization may access within the ASAP system. Listed below are a few steps to protect this information:

DO NOT write the OAC or your User ID and password where someone else can see them. Preferably, IDs and passwords should be memorized. If IDs and passwords must be kept in hard copy, they should be stored in a secure location such as a locked drawer.

DO NOT share your User ID and password with your co-workers. The system audit trail tracks by the ID logged on when the transaction occurred. If an individual performs an erroneous or fraudulent transaction using the ID of another, the owner of the ID that was used will be considered responsible. Each individual user must be authorized to use ASAP and must have his/her own ID and password.

DO NOT log on to ASAP and leave your terminal unattended.

CHANGE YOUR PASSWORD immediately if you feel your password has been compromised.

CONTACT YOUR SERVICING RFC immediately if you feel your organization's OAC has been compromised, and a new OAC will be issued.

4.2 Internal Control

All organizations using the ASAP system must establish internal controls to ensure the proper use of the system. The first internal control is established by the enrollment procedure contained in the Enrollment Procedures section of this document. Federal Agencies, Payment Requestors, Recipient Organizations and Auxiliary users must all have a Certifying Official or Authorizing Official signature on all Organization Enrollment and User ID Request forms to authorize users' access to the system. This allows the organizations to control which individuals have access to the system and which functions each user may access.

The Certifying Official's/Authorizing Official's signature will be compared to the signature samples provided on the FMS 210 or FMS 210A form, respectively. Signatures **MUST** match before the incoming documents will be accepted. Certifying Officials and Authorizing Officials must sign in the same manner as they did on the FMS 210 or FMS 210A form. A substitute signature, a non-original (facsimile or reproduced) signature, or a signature by one individual for the properly designated Certifying Official/Authorizing Official (e.g., signing "for someone") will not be accepted.

5.0 User Support

The **Financial Management Service** and its **Regional Financial Centers** have the responsibility for training ASAP users and providing customer support to assist users in their operation of the ASAP system. Users must contact their servicing RFC for user support. The servicing RFC boundaries are determined by what time zone the capitol of the state in which the Payment Requestor/Recipient Organization is located:

If the capitol of the state in which you are located is in the Eastern time zone or the organization is located in Puerto Rico or the Virgin Islands, users should call the ASAP Customer Support staff at the Philadelphia RFC at (215) 516-8021 from 7:30 am to 5:00 pm Eastern Time.

If the capitol of the state in which you are located is in the Central time zone, users should call the ASAP Customer Support staff at the Kansas City RFC at (816) 414-2103 from 7:30 a.m. to 5:00 p.m. Central Time.

If the capitol of the state in which you are located in the Mountain and Pacific time zone (and time zones further west) users should call the ASAP Customer Support staff at the San Francisco RFC at (415) 817-7182 from 7:30 am to 5:00 pm Pacific Time.

Once enrollment is complete and your organization begins to use ASAP, you may call the Federal Reserve Bank of Richmond at 804-697-7979 to find out the status of the ASAP Test and Production regions.

Once your organization has cutover to production and you have a problem executing your payment requests (e.g. your requestor is unavailable), contact the Federal Agency who authorizes your program funds.

For more ASAP info, the ASAP website address is <http://www.fms.treas.gov/asap/index.html>.